

**PATIENT**

Clarabelle Peterson

SPECIES

Canine

BREED

Labrador

SEX

FS

AGE

5 years

WEIGHT

88.2 lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Jonathon Renfro

INVOICE

14182

DATE

6/30/22

PRESENTING CLINICAL SIGNS

- Proin ER 75 mg prior to that.)

Abnormal PE/Chem/CBC/UA Results: UA: Spec Grav 1.030, Protein 2+, Absorbic acid 3+, Microalbumin ≥ 2.5 mg/dL, pH 7.5, UPC ratio ≥ 0.5 to < 2.0 . NSF on sediment. Collected via cystocentesis. Slightly turbid, pale yellow. Chem: ALP 186 (20-150), AMY 1356 (200-1200), CA 12 (8.6-11.8), GLU 127 (60-110). ALB, ALT, TBIL, BUN, CREA, PHOS, NA+, K+, TP, and GLOB all WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural criteria was noted. No obvious evidence of congenital abnormalities such as urachal remnants or obvious ectopic ureter. The proximal urethra exhibited potential for mild decreased tone to a depth of 3.0 cm. The proximal urethra diameter measured 0.27 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pyelectasia. The left kidney measured 8.0 cm in length. The right kidney measured 7.7 cm in length.

Adrenal Glands

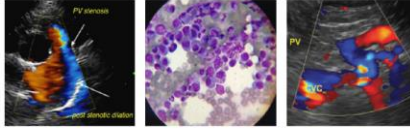
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole and 0.51 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal urinary bladder - no overt evidence of congenitally abnormalities i.e., ectopic ureter
- Subjective mild decreased proximal urethral tone
- Normal bilateral kidneys
- Mild vacuolar hepatopathy pattern - benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of structural or congenital upper or lower urinary tract pathology was evident. Screening urine culture and sensitivity on a sterile urine sample could be considered if not done to rule out underlying UTI.

At times, a small ectopic ureter can be difficult to visualize with ultrasound. If strong clinical suspicion of an ectopic ureter, i.e., continuous persistent incontinence despite medical therapy, additional imaging such as contrast urography or Gold Standard CT with contrast may be indicated. A combination Proin / Incurin trial may prove more effective for incontinence as these medications work synergistically.

IMAGING PERFORMED BY

SVS Mobile Imaging KC 816-401-5010
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Clinical Sonography & Telectology

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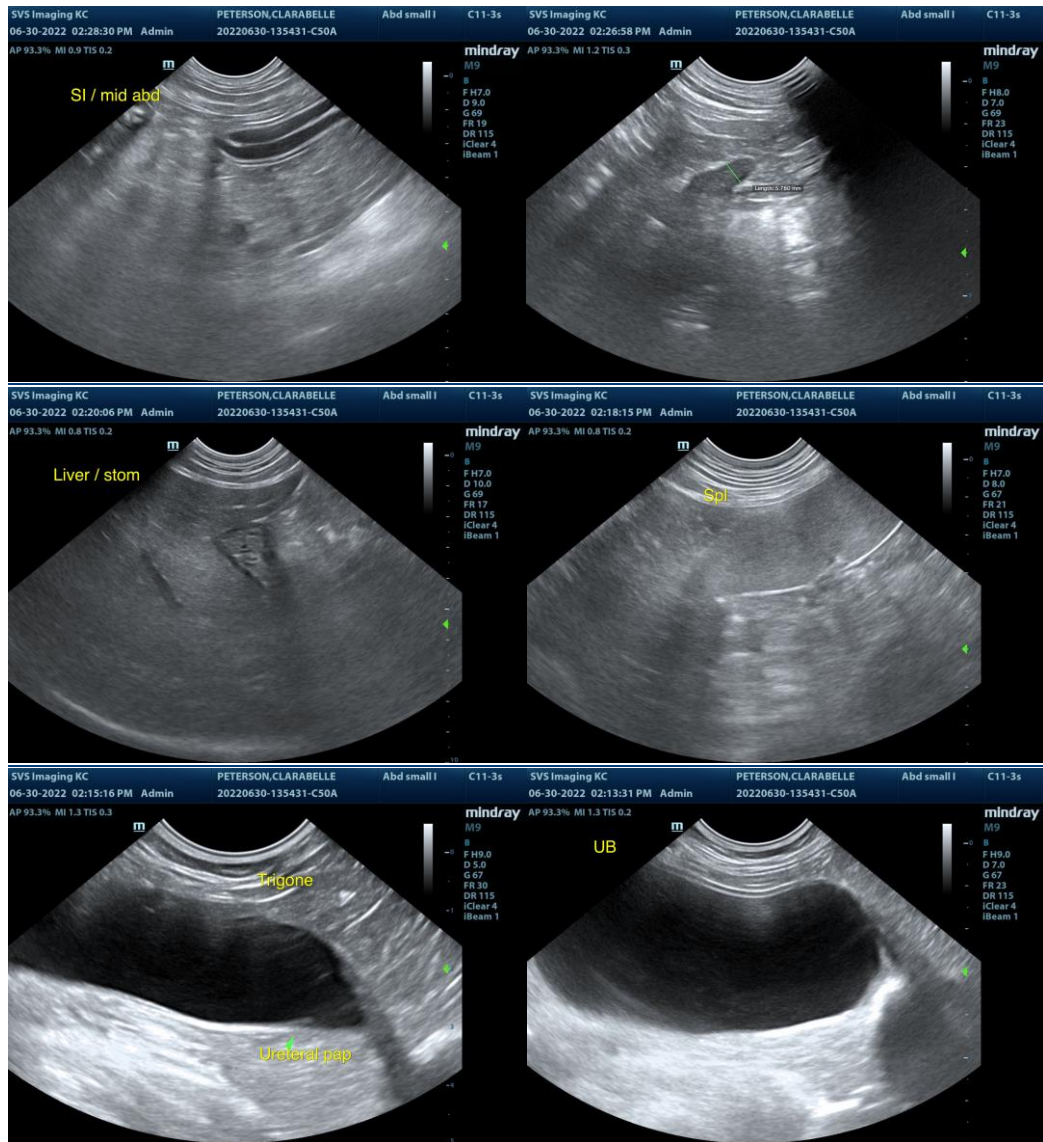
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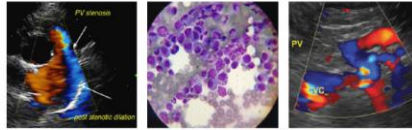
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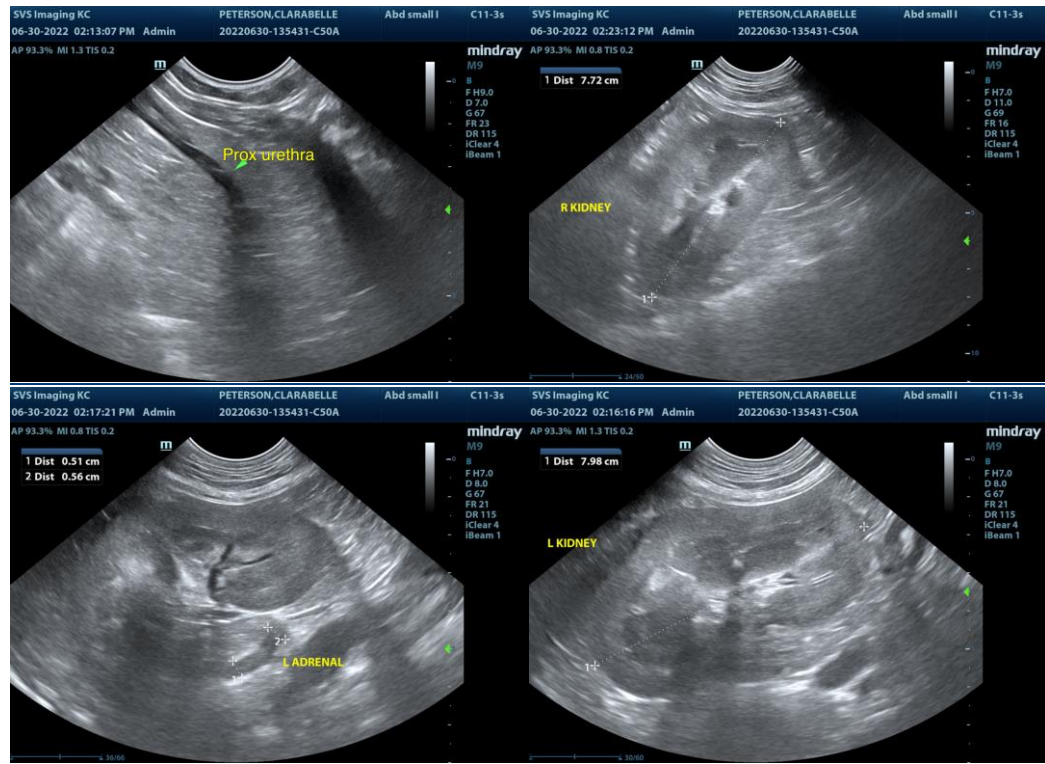
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com